

Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

CDC-RFA-EH21-2102

**Centers for Disease Control and Prevention (CDC)
National Center for Environmental Health**

**Informational Webinar
March 17, 2021
1:30 – 3:00 PM Eastern**

National Center for Environmental Health

Division of Environmental Health Science and Practice



Use the Q&A Box to Ask Questions

All attendees are **muted**. To adjust your audio settings in the webinar, click on **Audio Options**.

Please use the **Q&A window** to ask questions of the presenters.



Matching Names to Faces



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CDC Childhood Lead Poisoning Prevention Program

Statutory Authority

- ❖ The **Lead Contamination Control Act of 1988** authorized the Centers for Disease Control and Prevention (CDC) to initiate program efforts to eliminate childhood lead poisoning in the United States
- ❖ Authorized by 42 U.S.C. Section 247b-1

CDC Childhood Lead Poisoning Prevention Program

Program Goals

- ❖ CDC's Childhood Lead Poisoning Prevention Program is committed to the **Healthy People 2030 Objectives** of reducing blood lead above CDC's current reference value and differences in average risk based on race and social class as public health concerns.
- ❖ This NOFO also supports the objectives of the **Federal Action Plan to Reduce Childhood Lead Exposures and Associated Health Impacts** developed by the Lead Subcommittee of the President's Task Force on Environmental Health Risks and Safety Risks to Children.

CDC Childhood Lead Poisoning Prevention Program

Program Strategies



Strategy 1: Ensure Blood Lead Testing and Reporting



Strategy 2: Enhance Blood Lead Surveillance



Strategy 3: Improve Linkages of Lead-exposed Children to Recommended Services



Strategy 4: Develop Targeted Population-Based Policy Interventions

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Logic Model

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p><u>1. Ensure Blood Lead Testing and Reporting</u></p> <ul style="list-style-type: none"> Develop and sustain a statewide Lead Advisory Committee. Develop or update and implement an appropriate statewide screening plan based on local data. 	<p>Increased collaboration and coordination between appropriate stakeholders.</p> <p>Increased awareness of pediatric health care providers and clinical laboratories of state blood lead testing recommendations and reporting requirements.</p>	<p>Improved blood lead testing and reporting rates for children less than 6 years of age at risk for lead exposure.</p>	
<p><u>2. Enhance Blood Lead Surveillance</u></p> <ul style="list-style-type: none"> Develop, update, or maintain a blood lead surveillance system that collects and tracks all blood lead test results and follow-up data on children with elevated blood lead levels including environmental source investigations and referrals to recommended services. Develop and implement plans for surveillance data collection, data quality, and data dissemination with a focus on data interoperability. Conduct analyses of surveillance data to identify lead-exposed children, high-risk populations, and geographic areas. 	<p>Increased linkages between complementary data systems (e.g., Medicaid, immunization, adult blood lead, vital statistics).</p> <p>Increased identification of geographic areas and populations at-risk for lead exposure using enhanced data linkages.</p>	<p>Improved use of surveillance system data to capture missing data on child demographic and follow-up information.</p>	<p>Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status.</p> <p>Decrease adverse health effects of lead exposure in children</p> <p>Decreased societal costs associated with childhood lead exposure (e.g., healthcare, special education, criminal justice system).</p> <p>Decreased number of children living in environments at high risk of lead exposure.</p>
<p><u>3. Improve Linkages of Lead-Exposed Children to Recommended Services</u></p> <ul style="list-style-type: none"> Identify children with elevated blood lead levels requiring follow-up. Partner with programs and organizations that provide services to mitigate the effects of elevated blood lead levels. Connect children with elevated blood lead levels to recommended medical, environmental, and social services. 	<p>Increased identification, tracking, and recommended services for children with elevated blood lead levels.</p> <p>Increased ability for public health agencies, health care professionals, and other stakeholders to provide linkages to services and reduce loss to follow-up.</p>	<p>Improved rates of children less than 6 years of age with elevated blood lead levels linked to recommended services.</p>	
<p><u>4. Develop Targeted Population-Based Policy Interventions</u></p> <ul style="list-style-type: none"> Develop strategic partnerships and policies to implement targeted, population-based interventions aimed at primary prevention of lead exposure with a focus on community-based approaches for lead hazard elimination. 	<p>Improved policies for targeted community-based approaches aimed at primary prevention of lead exposure in children.</p>	<p>Decreased lead hazards in housing occupied by vulnerable populations (such as children).</p> <p>Decrease other sources of lead exposure in targeted communities.</p>	

CDC Childhood Lead Poisoning Prevention Program

Target Populations

Children aged less than 6 years (72 months) with specific focus on:

- Children **less than 3 years** (36 months) of age
- Children living in **homes built before 1978**; in housing with known or suspected lead hazards; near hazardous waste sites or industrial emissions containing lead
- Children who are **non-Hispanic, Black** race/ethnicity
- Children who are recent immigrants, particularly **refugees**
- Children **eligible or enrolled in Medicaid**
- Children **receiving services** from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

CDC Childhood Lead Poisoning Prevention Program

Expected Outcomes

- Improved **blood lead testing and reporting** rates for children less than 6 years of age at risk for lead exposure
- Improved use of surveillance system to **capture missing data** on child sociodemographic and follow-up information
- Improved rates of children less than 6 years of age with blood lead levels greater than or equal to CDC blood lead reference value who are **linked to recommended services**
- **Decreased disparities** in blood lead levels by race/ethnicity and socioeconomic status

CDC Childhood Lead Poisoning Prevention Program

FY21 Funding Availability

A total of approximately \$20M* will be awarded in FY2021 to support childhood lead poisoning prevention and surveillance activities

Funding Instrument Type: **Cooperative Agreement**

Total Project Period Funding*: \$100,000,000

Project Period: 5 Years

- ❖ Anticipated Start Date: **09/30/2021**
- ❖ Anticipated End Date: **09/29/2026**

Approximate Number of Awards: Up to 61

* This amount is subject to the availability of funds

CDC Childhood Lead Poisoning Prevention Program

FY21 Funding Availability

Year 1 Funding:

Award Floor: \$150,000 per budget period

Approx. Average Award: \$350,000 per budget period

Award Ceiling: \$850,000 per budget period

Year 1 Budget Period: 12 months

- ❖ Anticipated Start Date: 09/30/2021
- ❖ Anticipated End Date: 09/29/2022

CDC Childhood Lead Poisoning Prevention Program

FY21 Funding Strategy

Component A

- Applicants are eligible for awards of \$300,000-\$500,000 (based on population and demonstration of need) to develop a comprehensive lead poisoning prevention program. **(Strategies 1,2,3)**
- Demonstrate that required collaborations, data systems, and processes are in place to identify children with blood lead levels greater than or equal to the CDC blood lead reference value, track this data and link them to recommended services.
- Work closely with other agencies, partners, and healthcare providers serving children with blood lead levels greater than or equal to the CDC blood lead reference value and who meet state case definition for the given jurisdiction to ensure that a comprehensive system of referral, case management, follow-up and evaluation is in place .
- Provide de-identified blood lead surveillance data (individual child and lab records) to CDC on a quarterly basis.

CDC Childhood Lead Poisoning Prevention Program

FY21 Funding Strategy

Component B

- **Applicants are eligible for \$150,000-\$350,000**
- **Funds should be used to develop targeted, population-based interventions with a focus on community-based primary prevention approaches for lead hazard elimination. (Strategy 4)**
- **Funds should also be used to put processes in place to improve linkages of lead-exposed children to recommended services.**

CDC Childhood Lead Poisoning Prevention Program

FY21 Funding Strategy

- Applicants can apply for Component A only, Component B only, or Components A & B. **Applicants must include a separate individual work plan and budget for both Components A and B.**
- Average One Year Award Amount \$350,000 is determined using 2019 US Census data. Applicants with the following populations may request award amounts below for **Component A.**

2019 US Census	Suggested Award Amount
Populations less than 3 million	May receive up to \$300,000
Populations from 3 million to 6 million	May receive up to \$350,000
Populations from 6 million to 10 million	May receive up to \$400,000
Populations from 10 million to 13 million	May receive up to \$450,000
Populations over 13,000,000	May receive up to \$500,000

CDC Childhood Lead Poisoning Prevention Program

CDC-RFA-EH21-2102 Eligibility

Who is eligible to apply?

- City or township
- County
- State
- Federally recognized Native American tribal governments
- State governments or their bona fide agents (including DC)
- Local governments or their bona fide agents

CDC Childhood Lead Poisoning Prevention Program

Overview of Approach

COMPONENT A			COMPONENT B	
Secondary Prevention			Primary Prevention	
Blood Lead Testing and Reporting	Surveillance	Linkages to Care	Targeted, Population Based Interventions	
Surveillance			Prevention	

Work Plan

- Applicants must have a detailed and high-level work plan.
- A **detailed** work plan must describe work to be conducted in the **first year** of this award.
- A **high-level** work plan should be included to describe work to be conducted in **years 2-5** of the award.
- The components of the Applicant's work plan should address the NOFO strategies, activities, outcomes, and evaluation and performance measures presented in the logic model and the NOFO narrative sections.
- No specific work plan template is required; however, an example is on page 14 of the NOFO.

Example: Work Plan

<u>Period of Performance Outcome:</u> [from Outcomes section and/or logic model]		<u>Outcome Measure:</u> [from Evaluation & Performance Measurement section]	
<u>Strategies and Activities</u>	<u>Process Measure</u> [from Evaluation & Performance Measurement section]	<u>Responsible Position/party</u>	<u>Completion Date</u>
1. Strategy 1: Ensure Blood Lead Testing and Reporting Activity 1. Develop and sustain a statewide Lead Advisory Committee	Number of committee members and stakeholder meetings	Program Manager	1/30/2022
2. Strategy 1: Ensure Blood Lead Testing and Reporting Activity 2. Develop or update and implement an appropriate statewide screening plan based on local data	Published statewide screening plan	Program Manager	1/30/2022
3.			
4.			
5.			
6.			

Budget Narrative

Applicants must submit an itemized budget narrative that is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the Project Narrative.

The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Reporting Requirements

- **Evaluation and Performance Measurement Plan including Data Management Plan (concurrence with CDC's DMP)**
- **Quarterly Surveillance Data Reports**
- **Annual Performance Report (APR)**
- **Awardee Lead Profile Assessment (ALPA)**
- **Annual Program Success Story**
- **Federal Financial Reporting (FFR) Forms**
- **Final Performance and Financial Report**
- **Payment Management System (PMS) Reporting**

Applicant Review and Selection Process

Component A

■ Phase I

- All applications will be initially reviewed for eligibility and completeness by the CDC Office of Grant Services.
- Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials.

■ Phase II

- An **objective review panel** will evaluate complete, eligible applications in accordance with the following criteria:
 - Component A: Approach (50 points)
 - Component A: Evaluation and Performance Measurement (25 points)
 - Component A: Applicant's Organizational Capacity to Implement the Approach (25 points).

■ Phase III

- Applications will be **ranked ordered** by scores as determined by the review panel; lead exposure risk factors may also affect funding decisions.

Applicant Review and Selection Process

Component B

■ Phase I

- All applications will be initially reviewed for eligibility and completeness by the CDC Office of Grant Services.
- Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials.

■ Phase II

- An **objective review panel** will evaluate complete, eligible applications in accordance with the following criteria:
 - Component B: Approach (40 points)
 - Component B: Evaluation and Performance Measurement (30 points)
 - Component B: Applicant's Organizational Capacity to Implement the Approach (30 points).

■ Phase III

- Applications will be **ranked ordered** by scores as determined by the review panel; lead exposure risk factors may also affect funding decisions.

Applicant Review and Selection Process

Component A and Component B

- **Budget**
 - Budgets will not be scored.
 - The budget will be reviewed and evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the cooperative agreement funds.
 - Budgets must align with the proposed work plan and should not include non-allowable costs.

FY21 Application Deadlines

Letter of Intent (LOI) Deadline*: **03/26/2021**

***LOI is strongly encouraged, but not required, and should include:**

- Number and title of this NOFO;
- Descriptive title of proposed project
- Indicate if applying for Component A only, Component B only, or Components A & B and amount of funding requested
- Name, address, telephone number, and email address of Principal Investigator

Send LOI via email to:

Lead Poisoning Prevention and Environmental Health Tracking Branch
Division of Environmental Health Science and Practice
National Center for Environmental Health
Centers for Disease Control and Prevention
Department of Health and Human Services
Email: LPPS@cdc.gov

FY21 Application Deadlines

Full Application Deadline:

04/25/2021, 11:59 pm Eastern Standard Time

How to apply:

<https://www.grants.gov/web/grants/view-opportunity.html?oppld=329557>

Documents Submitted in www.grants.gov

Below is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

Project Abstract	Table of Contents for Entire Submission
Project Narrative (must include all of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan & Data Management Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan.)	Resumes / CVs
Budget Narrative	Letters of Support
CDC Assurances and Certifications	Organization Charts
Report on Programmatic, Budgetary and Commitment Overlap	Indirect Cost Rate, if applicable
Memorandum of Agreement (MOA)	Memorandum of Understanding (MOU)
Bona Fide Agent status documentation, if applicable	Staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes

Frequently Asked Questions (FAQs)

The slide deck and answers to FAQs will be posted at:
<https://www.cdc.gov/nceh/lead/>

For programmatic technical assistance:

Wilma Jackson, Project Officer

Email: LPPS@cdc.gov

For financial, awards management, or budget assistance:

Kristal Thompson-Black, Grants Management Specialist

Email: fmn4@cdc.gov

QUESTIONS? Type them into the Q&A box.



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Grants Management
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Key Deadlines and Reminders

Letter of Intent (LOI) Deadline:

- **03/26/2021**
- Send via email to: LPPS@cdc.gov

Application Deadline:

- **04/25/2021, 11:59 pm Eastern Standard Time**
- **Submit via grants.gov:** <https://www.grants.gov/web/grants/view-opportunity.html?oppld=329557>
- REMINDER: Please read the NOFO in its entirety before you develop and submit your application to ensure that all requirements are addressed.